

CRANMER HALL - WESLEY STUDY CENTRE



APPLICATION / ENQUIRY FORM

APPLICANT DETAILS

Surname	First Name	Title	Nationality	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Name (if changed)				
<input type="text"/>				

CORRESPONDENCE ADDRESS

Address

Postcode	Tel Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status	Spouse's Name	Names and ages of children
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any medical condition or physical disability which may call for special arrangements or facilities?
Give further information on a separate sheet.

INTENDED COURSE

Certificate in Theology & Ministry	<input type="radio"/>	Postgrad. Certificate in Theology & Ministry	<input type="radio"/>	Year when entry is desired
Diploma in Theology & Ministry	<input type="radio"/>	Postgrad. Diploma in Theology & Ministry	<input type="radio"/>	
Degree in Theology & Ministry	<input type="radio"/>	MA in Theology & Ministry	<input type="radio"/>	Length of Course (in Years)
University Degree in Theology	<input type="radio"/>	Higher Degree	<input type="radio"/>	
Other	<input type="radio"/>	Diploma in Ministerial Studies (for Theology graduates)	<input type="radio"/>	

Please attach photograph

ANGLICAN ORDINATION CANDIDATES ONLY

Have you seen your Diocesan Director of Ordinands? DDO's Name

Date of Selection Conference and result Diocese

METHODIST ORDINATION CANDIDATES ONLY

Have you been to District Vocations Panel? Date?

Have you been to Methodist Church Selection Ctte.? Date?

If so, will you be undertaking: Foundation Training? Pre-ordination Training ?

F E E S

Who will be responsible for your fees?

Q U A L I F I C A T I O N S

Awarding Body/University/Occupation	Date	Subject	Level	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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E M P L O Y M E N T HELD *with dates*

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

R E F E R E E S

Please give the name and address of three referees.

(If a candidate for ordination, one of your referees should be ordained and one should relate to your academic capability. If a candidate for one of the MA courses, TWO of your referees should relate to your academic capability.)

1.....

3: ACADEMIC REFERENCE

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SIGNED.....

DATE.....